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PTO/SB/50 (08-00)  
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AKE

## REISSUE PATENT APPLICATION TRANSMITTAL

10/13/00  
699757 PRO

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	030681-032
First Named Inventor	Chul-woo Lee
Original Patent Number	5,822,135
Original Patent Issue Date (Month/Day/Year)	10-13-98
Express Mail Label No.	

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent  
(Check applicable box)

### APPLICATION ELEMENTS (37 CFR 1.173)

1.  Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

Yes  No

(If Yes, check applicable box(es))

- Written Consent of all Assignees (PTO/SB/53)  
 37 C.F.R. § 3.73(b) Statement  Power of Attorney  
(PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

7.  Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8.  Original U.S. Patent for surrender  
 Ribboned Original Patent Grant  
 Statement of Loss (PTO/SB/55)
9.  Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  English Translation of Reissue Oath/Declaration  
(if applicable)
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: .....

### 15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

21839

or  Correspondence address below

(Insert Customer No. or Bar Code Label here)

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Signature	Charles F. Wieland III		

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
030681-032

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 26	Total Claims (37 CFR 1.16(i))	(B) 40	**** 14 =	x \$ _____ =		or x \$ 18. = x \$ 80. =	\$ 252.00
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 6	* 5 =	x \$ _____ =			\$ 400.00
							\$ 710.00
						OR	\$ 1,362.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***		*****	=	x \$ _____ =			x \$ _____ =
							OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

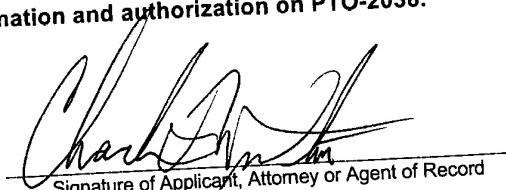
\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4800.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,362.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

10/13/00  
Date


Signature of Applicant, Attorney or Agent of Record

Charles F. Wieland III

Typed or printed name  
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